

State of California  
STATE WATER RESOURCES CONTROL BOARD  
OFFICE OF OPERATOR CERTIFICATION  
P.O. Box 944212  
Sacramento, CA 94244-2120  
Phone: (916) 341-5819  
Internet Address: www.swrcb.ca.gov/cwphome/opcert

## WASTEWATER TREATMENT PLANT CLASSIFICATION DATA FORM

(Please complete a separate form for each plant)

1. Agency Name and Address:

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Agency Telephone Number:

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2. Specific Name and Address of  
Wastewater Treatment Plant:

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Plant Telephone Number:

( )

County \_\_\_\_\_ Regional Board \_\_\_\_\_ Is mail delivered to plant? \_\_\_\_\_

Does a contractor operate the plant? \_\_\_\_\_ If so, name of company: \_\_\_\_\_

3. Plant design flow \_\_\_\_\_ MGD Present average dry weather flow: \_\_\_\_\_ MGD

4.A. List liquid processes and their design flow rates if different from Item 3 (e.g., barscreen, aerated grit chamber, primary sedimentation, extended aeration, standard rate activated sludge, and chlorination).

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4.B. List the solids handling processes: \_\_\_\_\_

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5.A. Waste Discharge Requirements / Limits / Prohibitions:

<u>Constituent</u>	<u>Units</u>	<u>Monthly Average</u>	<u>Daily Maximum</u>
BOD (20 degree C, 5-Day)	mg/l	_____	_____
Nonfilterable Residue	mg/l	_____	_____
Settleable Solids	ml/l hr	_____	_____
Total Coliform Organisms	MPN/100 ml	_____	_____

- 5.B. List any other Waste Discharge Requirements/Limits/Prohibitions of particular significance.

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6. Chemicals added during treatment:

Type of Chemical	Amount Added Per Million Gallons	Purpose
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

7. In accordance with the definitions in Section 3671, the Chief Plant Operator is: \_\_\_\_\_  
\_\_\_\_\_ and the supervisor and/or shift supervisors are:

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8. Please attach the following:

- A flow diagram of the plant showing all plant processes.
- An organization chart showing all wastewater treatment plant personnel.
- Job descriptions for all personnel classifications.
- Duty rosters for operation of the plant, or a listing of all plant personnel by title and/or classification.

9. I certify that the submitted information is true to the best of my knowledge.

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Signature

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Date

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Title

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Phone Number